



The Commonwealth of Massachusetts
Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 727-5732

**APPLICATION FOR ADDITIONAL FOUR-YEAR CERTIFICATE FOR
ELEVATORS IN OWNER OCCUPIED SINGLE FAMILY RESIDENCES**

ELEVATOR COMPANY: _____

ELEVATOR STATE ID NUMBER: _____

ELEVATOR ADDRESS: _____

To the best of my knowledge, the above-identified elevator currently has a one-year inspection certificate and, under the new law, falls within the definition of an elevator within an owner occupied single family residence. On behalf of the elevator owner, I am hereby requesting an additional four-year certificate for the above-identified elevator.

Signature of Elevator Company Representative

Date

Print Name

**Mail form to: Department of Public Safety, One Ashburton Place, Room 1301,
Boston, MA 02108-1618, Attn: Elevator Division**